
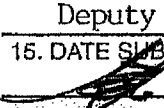
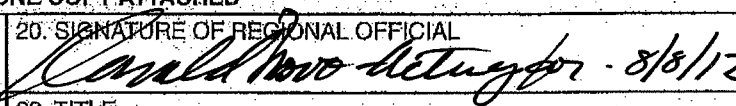


TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES		1. TRANSMITTAL NUMBER <div style="text-align: center;">06 — 016</div>	2. STATE <div style="text-align: center;">CA</div>
		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE <div style="text-align: center;">July 1, 2006 October 14, 2006</div>	
		5. TYPE OF PLAN MATERIAL (Check One) <input checked="" type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input type="checkbox"/> AMENDMENT	
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION 42 CFR 447.321 Welfare & Institutions Code, Section 14105.965		7. FEDERAL BUDGET IMPACT a. FFY 06-07 \$ 0 60,000,000 b. FFY 07-08 \$ 120 million 70,431,000	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 4.19B pages 52-56 Supplement 10, pages 1-8		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)	
10. SUBJECT OF AMENDMENT Public Freestanding Outpatient Clinics Supplemental Payment			
11. GOVERNOR'S REVIEW (Check One) <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED The Governor's Office does not wish <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL to review State Plan Amendments			
12. SIGNATURE OF STATE AGENCY OFFICIAL 		16. RETURN TO Department of Health Services Attn: State Plan Coordinator 1501 Capitol Avenue, 71.4083 Sacramento, CA 95814	
13. TYPED NAME Stan Rosentstein			
14. TITLE Deputy Director			
15. DATE SUBMITTED  9/29/06			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED 9/29/06		18. DATE APPROVED <div style="text-align: center;">AUG 08 2012</div>	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL <div style="text-align: center;">10/14/06</div>		20. SIGNATURE OF REGIONAL OFFICIAL 	
21. TYPED NAME <div style="text-align: center;">Gloria Nagle</div>		22. TITLE <div style="text-align: center;">Associate Regional Administrator</div>	
23. REMARKS Pen and ink changes made to Boxes 4, 6, 7, and 8 by Regional Office with State concurrence per email dated 6/25/2012.			